



## DATA REQUEST FORM

(SSG can only provide aggregate data.)

Name of Requestor: \_\_\_\_\_

Contact Information: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(Telephone)

(\_\_\_\_\_) \_\_\_\_\_

(E-mail)

(Fax)

Please describe the request in detail below. Be specific as to what criteria you want used in your request. For example, date ranges, birth dates, year in college, status. The request must also be accompanied by a purpose statement which describes the reason for the request and why and how the data will be used.

SSG will contact the requestor by telephone to verify that criteria is available and to make sure definitions are the same. Please allow two weeks for each data request.

Use of SSG data. All data used must be footnoted with, "Source data provided by the Student Scholarships and Grants, Bureau of State and Authority Finance, Michigan Department of Treasury." Any manipulations/adjustments of the data supplied by SSG must be footnoted as well.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSG Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax your request to 517-241-5835.